



2016

STATUS OF CHILDREN'S HEALTH

SANTA CLARA COUNTY

VOLUME 1: EXECUTIVE SUMMARY

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In Santa Clara County, children under the age of 18 represent almost a quarter (23%) of the county's total population. Childhood is an especially vulnerable time as early life experiences shape health and well-being throughout the lifespan. The Status of Children's Health: Santa Clara County 2016, the first part in a two part health assessment, examines the health status of Santa Clara County children. It provides a comprehensive picture of overall health, as well as insights into how well different segments of our child population are faring.

On the surface, Santa Clara County is a healthy county. However, an in-depth look reveals disparities that demonstrate some children are at a higher risk for poor health and disease than other children. Disparities are differences in health status among groups. The disparities observed are often a byproduct of health inequities. Health inequities are differences in health that are avoidable and unjust, and are disproportionately experienced by vulnerable groups often already facing lower levels of social advantage.^{1,2}

For these reasons and under the direction of the Santa Clara County Board of Supervisors, the Santa Clara County Health and Hospital System in collaboration with the Santa Clara County Public Health Department and community partners undertook a two part assessment to examine the health of children in the county. The goal of this assessment is to identify the health needs and strengths of children living in Santa Clara County, with a particular focus on building awareness of disparities across racial/ethnic groups. The report will offer policy makers, foundations, non-profits, researchers, elected officials, and government agencies a valuable tool to inform their individual and collective efforts as they work to improve the health of every child in Santa Clara County.

The complete report is available online. A summary of key findings follows:

TRENDS AND DISPARITIES

Although there are several positive trends in children's health status in the county, many disparities persist.

Positive trends

- **Teen births:** Overall teenage live birth rates have declined from 25.3 births per 1,000 females ages 15 to 19 in 2004 to 13.5 births per 1,000 females ages 15 to 19 in 2013.³
- **Health insurance:** Health insurance access has improved; 97% of children in the county have health insurance.⁴

- **Juvenile justice:** Youth involvement in the juvenile justice system has declined, with arrests/citations decreasing from 9,720 in 2011 to 5,636 in 2014.⁵

Areas to improve

- **Child poverty:** Many children live below 100% of the Federal Poverty Level (FPL)ⁱ, with African American (17%) and Latino (16%) children experiencing a higher percentage of poverty compared to other racial/ethnic groups and the county overall (9%). This disparity has persisted over the past decade.⁴
- **High school graduation:** Most children (84%) in the county graduate from high school; however, over the past decade, Latino students graduated at a lower rate than other racial/ethnic groups. In 2013-14, 71% of Latinos graduated from high school within 4 years.⁶
- **Overweight and obesity:** Overweight and obesity among middle and high school students remains high (14% and 11%, respectively).⁷ Overweight and obesity is higher among African American (19%, 12%) and Latino (18%, 19%) middle and high school students than among Asian/Pacific Islander (12%, 7%) and White (11%, 7%) middle and high school students.
- **Tobacco use:** The percentage of middle and high school students in the county who smoked cigarettes in the past 30 days has declined from 9% to 4% since 2007.¹⁶ While a lower percentage (4%) of middle and high school students smoked cigarettes in the past 30 days, a higher percentage (10%) used e-cigarettes during this time period.⁷ Cigarette and e-cigarette use is higher among African American (7% and 10%, respectively) and Latino (6% and 15%, respectively) students than among Asian/Pacific Islander (2% and 5%, respectively) and White (4% and 8%, respectively) students.
- **Mental health:** More than a quarter (29%) of middle and high school students felt sad or hopeless for 2 weeks or more in the past 12 months, an indicator of depression.⁷ This trend has fluctuated slightly from 29% to 27% of middle and high school students since 2007.¹⁶

Geographic findings

- In Santa Clara County, 9% of children ages 0 to 17 were living below 100% of the Federal Poverty Level. A higher percentage of children residing in zip codes in East San Jose are living in poverty compared to other geographic regions of the county (95113 (70%), 95110 (33%), and 95116 (31%)).⁴
- While the rate of teenage live births among females ages 15 to 19 has been decreasing over the last decade in Santa Clara County, the rate continues to be the highest in zip codes within the City of San Jose (95116 (245.9 births per 1,000 females ages 15 to 19, 95110 (238.7), 95122 (229.3), and 95111 (187.0)).⁸

ⁱ In 2014, 100% Federal Poverty Level was \$23,850 for a family of four.

- School districts in the City of Gilroy (Gilroy unified school district (24%)) and the City of San Jose (East side union high school district (18%) and San Jose unified school district (18%)) have a higher percentage of students who are obese or in the “health risk” zone for body composition.⁹
- Zip codes 94303 (1,539.5 per 100,000 children) and 95023 (1327.0) in Santa Clara County have the highest rate of emergency department visits for asthma.¹⁰
- East San Jose and southern areas of the county had a lower percentage of children ages 0 to 17 who had health insurance (zip codes 95117 (89%), 94085 (89%) and 95002 (88%)).⁴

■ CHILDREN AND FAMILIES

Understanding the changing demographics and unique needs of the county’s child population can help to prioritize and allocate resources. Santa Clara County is a diverse county, where currently no one racial/ethnic group comprises the majority population. However, racial/ethnic demographic composition is projected to change; Latino children (42%) will represent majority of the child population by 2060.

- Of children in the county, more than one-third (36%) are Latino, a third (32%) are Asian, nearly one-quarter (23%) are White, and 2% are African American.⁴
- By 2060, the percentage of Latino children is expected to increase to 42% in the county, while the percentage of White children is expected to decrease to 19%.¹¹
- One in 10 (9%) children in Santa Clara County is foreign-born. Half (49%) of children ages 5 to 17 speak a language other than English at home.⁴

■ FAMILY ECONOMICS

A family’s economic stability affects the environment in which a child will grow and flourish. The high cost of living in Santa Clara County means that many families struggle to afford basic necessities like housing.

- A higher percentage of African American (17%) and Latino (16%) children ages 0 to 17 live below 100% FPL compared to Asian and White children (4% each).⁴
- Nine percent (9%) of the total homeless population are children under the age of 18.¹²
- Almost half (49%) of renter-occupied households spent 30% or more of their annual household income on rent, the income standard for housing affordability.⁴

ACCESS TO CARE

Health insurance access is an important factor in obtaining a regular source of preventive care. Limited or no access to health care can affect the overall productivity and well-being of a child. Children who have health insurance are more successful in school and will miss fewer days of school.¹³



**CHILDREN
ACCOUNT FOR
23% OF ALL
EMERGENCY
DEPARTMENT
VISITS**

- The majority (97%) of children ages 0 to 17 have health insurance.⁴
- Twenty-three percent (23%) of all emergency department visits are among children ages 0 to 17. African American (35,510.9 per 100,000 children) and Latino (32,448.6) children have a higher rate of emergency department visits than other racial/ethnic groups. Children ages less than 1 (42,158.5) have a higher rate of emergency department visits than other age groups.¹⁰
- Most children ages 0-11 (96%) saw a doctor for a checkup in the past 12 months.¹⁴ Of middle and high school students, 3 in 5 (60%) had visited a doctor for a checkup in the past 12 months when not sick or injured.⁷

HEALTHY DEVELOPMENT

Early life experiences influence health outcomes throughout the lifespan. The prenatal and infant period is a critical period for a child's development.



**LATINAS HAVE
HIGHER RATES
OF TEENAGE
LIVE BIRTHS
THAN OTHER
RACIAL/ETHNIC
GROUPS**

- Most (93%) kindergarten entrants in Santa Clara County have all their required immunizations.
- Most mothers (86%) receive prenatal care in the first trimester of pregnancy. Fewer Latina mothers (79%) and mothers under age 15 (56%) receive prenatal care in the first trimester of pregnancy than other subgroups.⁸
- Eight percent (8%) of births are preterm (before 37 weeks of gestation) and 7% are low birth weight (<2,500 grams or 5.5 pounds). Preterm births are highest among African American mothers (11%) and mothers who did not receive prenatal care (45%). Low birth weight births are higher among African American mothers (9%) than other racial/ethnic groups.⁸

- Teenage live births have declined from 25.3 per 1,000 females, ages 15 to 19 in 2004 to 13.5 in 2013. Latinas (29.7) continue to have higher rates of teenage live births than other racial/ethnic groups and the county overall.⁸

HEALTHY LIFESTYLES

Engaging in health-promoting behaviors like physical activity, eating nutritious food, and avoiding risky behaviors are important features of a child's healthy lifestyle and can help children stay healthy and be successful in school.



ONE IN TEN
MIDDLE AND
HIGH SCHOOL
STUDENTS
USED
ELECTRONIC
CIGARETTES 1
OR MORE
TIMES IN THE
PAST 30 DAYS

- More than one-quarter (27%) of children ages 5 to 11 meet the Centers for Disease Control and Prevention's (CDC) recommendations of physical activity for 60 minutes per day for 7 days.¹³ Seventeen percent (17%) of middle and high school students meet the CDC physical activity recommendations.⁷
- Fifteen percent (15%) of children ages 2 to 11 drank 1 or more soda or sugar sweetened drinks the previous day.¹³ Nearly 2 in 5 (38%) middle and high school students drank soda 1 or more times in the past 24 hours.⁷
- Among middle and high school students, 14% are overweight and 11% are obese; percentages are higher among African American (19% and 12%, respectively) and Latino students (18% and 19%, respectively) than other racial/ethnic groups.⁷
- One in 10 (10%) middle and high school students had used electronic cigarettes 1 or more times in the past 30 days; 4% had smoked cigarettes 1 or more times in the past 30 days. Cigarette use is higher among African American students (7%) than other racial/ethnic groups, while more Latino students (15%) used e-cigarettes in the past 30 days than other racial/ethnic groups.⁷

BEHAVIORAL HEALTH AND SAFETY

Emotional health is interconnected with physical health and affects a child's development. Emotionally healthy children are more likely to live up to their full potential and succeed in school, at home, and in society.

- Fourteen percent (14%) of middle and high school students had 1 or more drinks of alcohol in the past 30 days. This percentage is higher among Latino students (20%) than among White (16%), African American (15%), and Asian/Pacific Islander (6%) students.



**FEMALE
STUDENTS AND
LATINO
STUDENTS
EXPERIENCED
DEPRESSIVE
SYMPTOMS AT
HIGHER RATES**

- Twenty-nine percent (29%) of middle and high school student felt sad or hopeless for 2 weeks or more in the past 12 months.⁷ This percentage was higher among female students (37%), and Latino students (33%).
- One in 5 (20%) high school students seriously considered attempting suicide in the past 12 months.⁷
- Middle and high school students were physically bullied (19%) or psychologically bullied (37%) on school property and bullied online (18%) in the past 12 months.⁷
- Thirty-five percent (35%) of African American students were bullied due to race, ethnicity, or national origin in the past 12 months, followed by Asian/Pacific Islander (18%), Latino (15%), and White (12%) students.⁷
- Non-fatal emergency department visits for self-inflicted injuries occur at a rate of 17.0 per 100,000 children ages 0 to 17; this rate is higher among females (27.1) and African American (37.0) children.¹⁵
- Juvenile involvement across the justice system has declined from 2011 to 2014. Juvenile arrests and citations among youth accounted for 15% fewer arrests and citations in 2014 versus 2013 (5,636 and 6,612, respectively).⁵

NEXT STEPS

Volume 1 of this assessment is comprised of secondary data to provide an overview of the health and social needs of children in Santa Clara County. Volume 2 will include results from primary data collection as well as key recommendations developed at a “Call to Action” forum to be held in 2016. The recommendations will aid in the development of action steps to improve the health of children in Santa Clara County. Volume 2 will be released in late 2016.

For complete notes and source information, please view the full Volume 1 report. The data presented in Volume 1 is complemented by supplemental, downloadable QuickFacts. Both the full report and the QuickFacts are accessible on the Santa Clara County Public Health Department’s website at sccphd.org/statistics2.

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